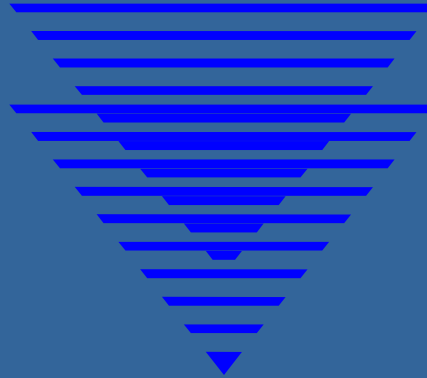




# Motivational Interviewing



Gary S. Rose, Ph.D.  
Harvard Medical School





# Motivational Interviewing

A directive, patient-centered counseling style for increasing intrinsic motivation by helping patients explore and resolve ambivalence.

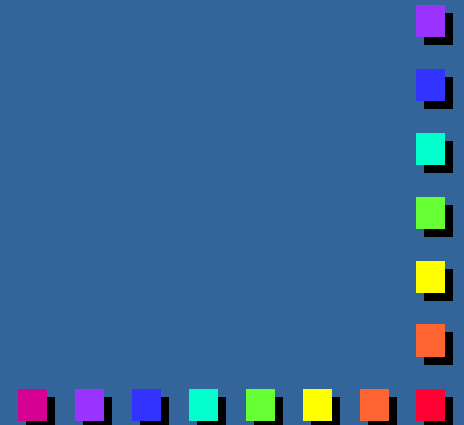
(Miller & Rollnick, 2002)





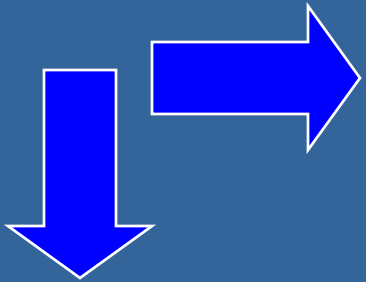
# Righting Reflex

- Practitioner advocates for change
- Patient advocates for staying the same





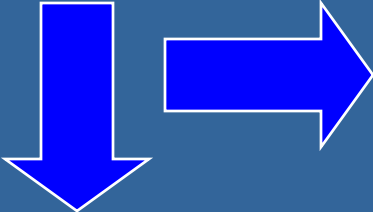
# Respect Ambivalence

	STAYING THE SAME::	CHANGING:
	SMOKING	SMOKE-FREE
BENEFITS OF:	Taste, smoke in throat, buzz “Best friend” Fills time Boredom Friends/family smoke Stress break Relaxes Coping: Anxiety, depression Weight mgmnt. Great with coffee	Feel healthier More energy Lose fear of future Independence/ Control Self-respect Self-esteem Good example for kids Doing the right thing LLP: <u>Live Long &amp; Prosper</u>
COSTS OF:	\$\$ Inconvenient Pariah yellow fingers, teeth, skin bad breath cough, colds, no stamina Lost friends/ dates Grandson’s asthma Nicotine fits	Withdrawal \$\$ of Tx Weight gain Headaches Lost identity “Who am I?” Lost friends Peer rejection No coping strategies Boredom No Alt. Pleasures Fear of failure





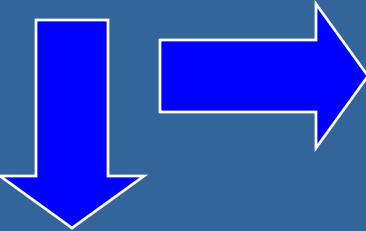
# Change Talk

	<b>MAINTAINING MY CURRENT:</b>	<b>CHANGING MY CURRENT:</b>
<b>BENEFITS OF:</b>		<i>Change Talk</i>
<b>COSTS OF:</b>	<i>Change Talk</i>	





# Status Quo Talk

	MAINTAINING MY CURRENT:	CHANGING MY CURRENT:
BENEFITS OF:	<i>Status Quo Talk</i>	
COSTS OF:		<i>Status Quo Talk</i>





# Avoid Righting Reflex: *“Taking Sides” Trap*

## PROVIDER

- “You must change”
- “You’ll be better off”
- “You can do it!!”
- “You’ll die...”

## PATIENT

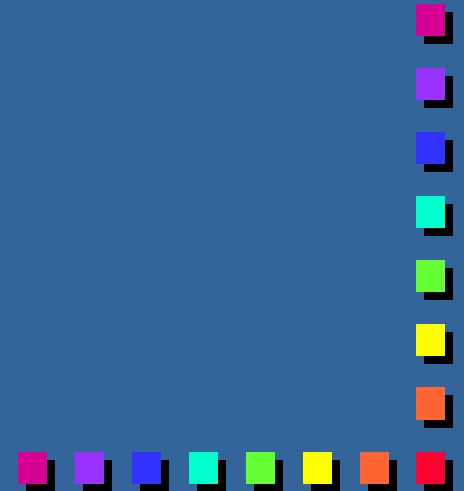
- “I don’t want to change”
- “Things aren’t half bad.”
- “No I can’t!!”
- “Uncle Fred is 89 and healthy as can be.”





# Patient Advocates Change:

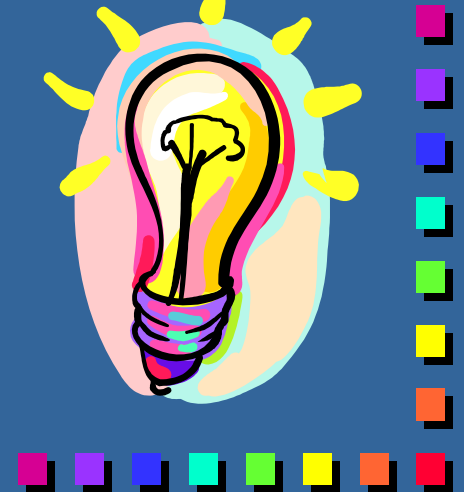
- Cons of Current Behavior
- Pros of Change
- Commitment to Change
- Optimism







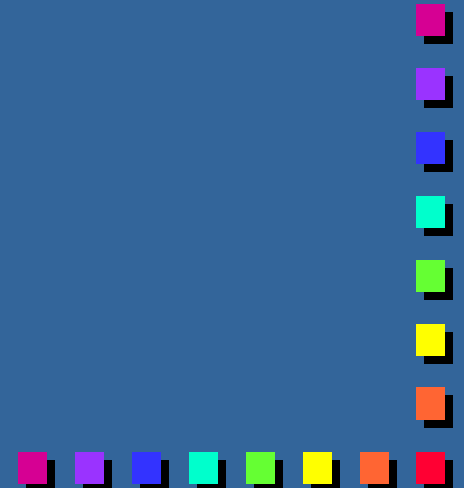
# What People **say** about Change **predicts** Behavior Change





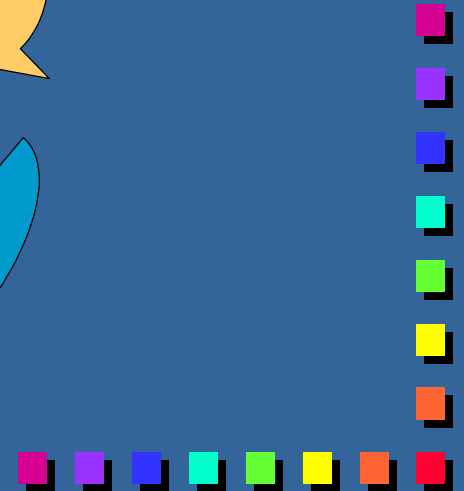
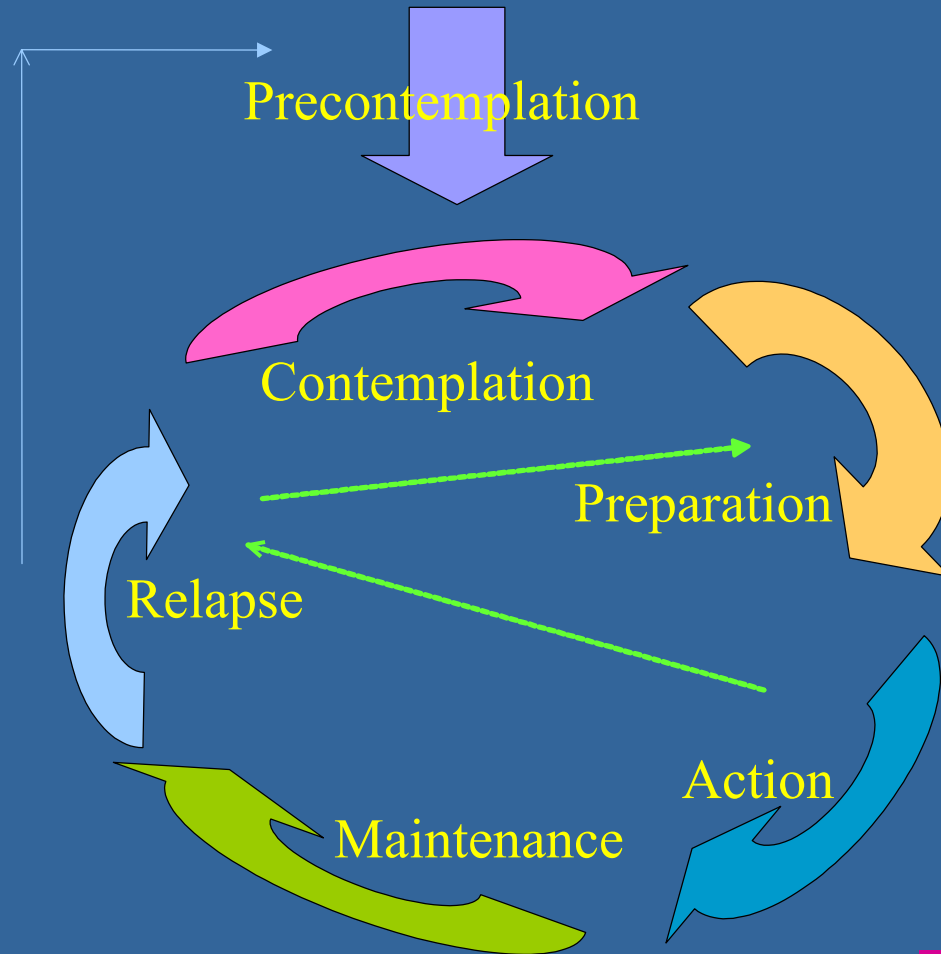
# Dance, Don't Wrestle

- Avoid argumentation
- Avoid unsolicited advice
- Ask permission first





# *Respect NATURAL CHANGE*

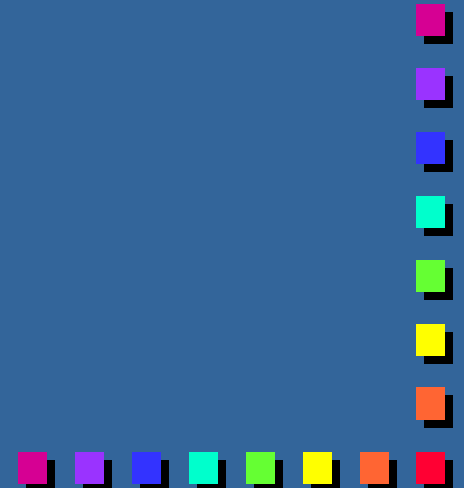




# Natural Change

“Thinking about” before “Doing”

- “*Why should I?*”
- “*How can I?*”





# Intrinsic Motivation

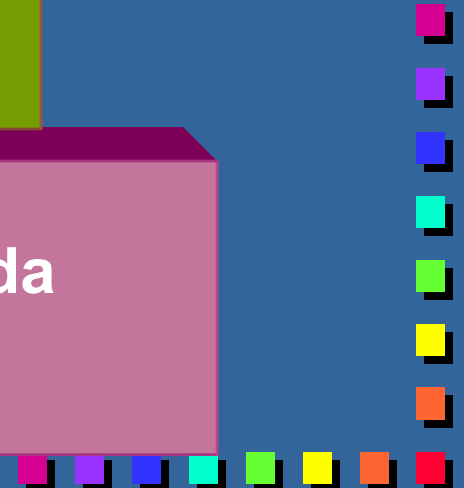
**Core value discrepancy  
motivates change**

*Changing because I want to*





# Effective Health Behavior Change





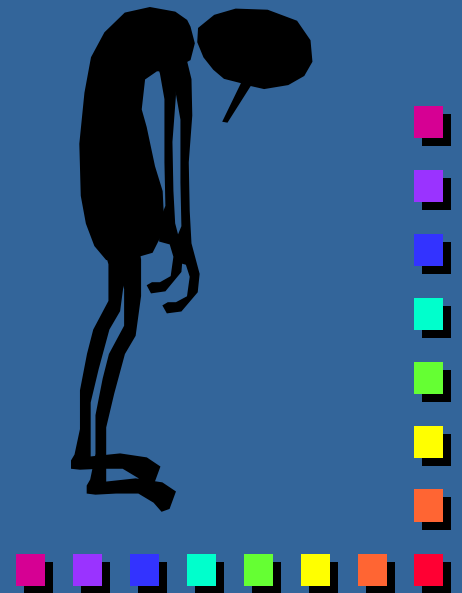
# Collaboration

This is the **foundation** of  
effective  
health behavior consultation





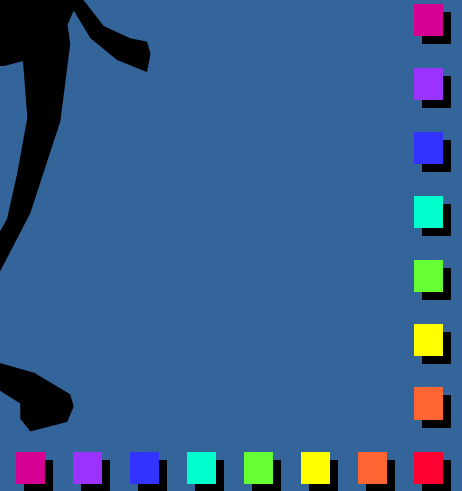
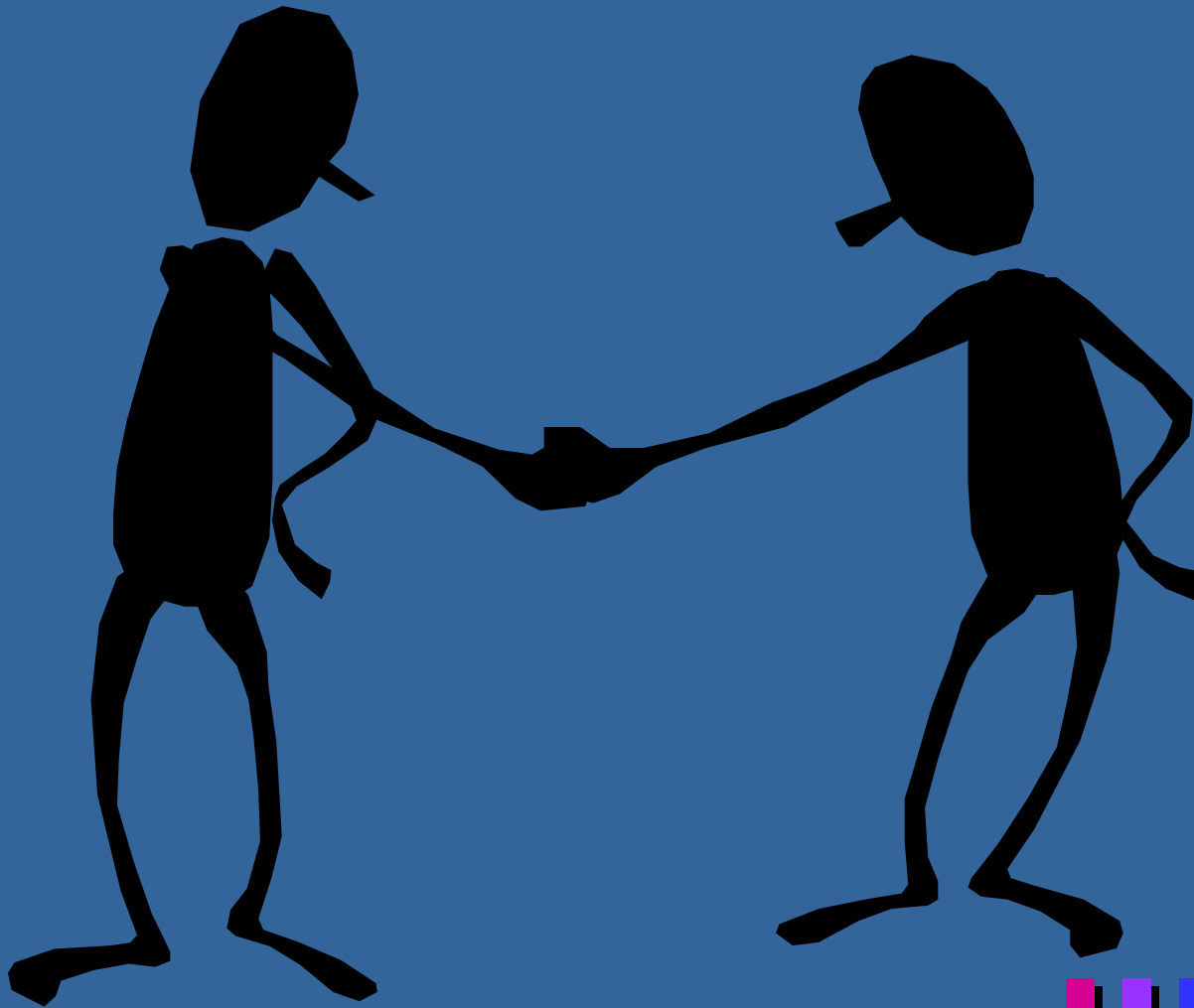
# Expert Trap







# “Dual Expertise”





# Agenda Setting

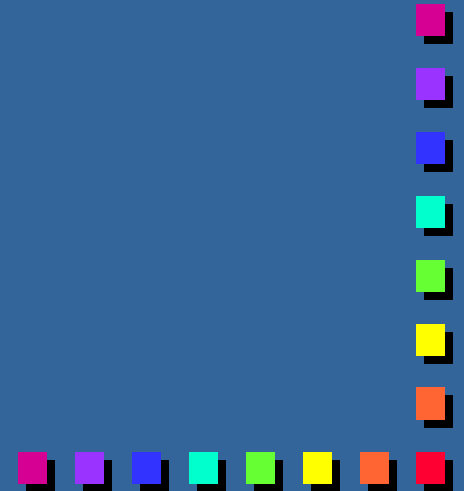
***Strike While the Iron is Hot***





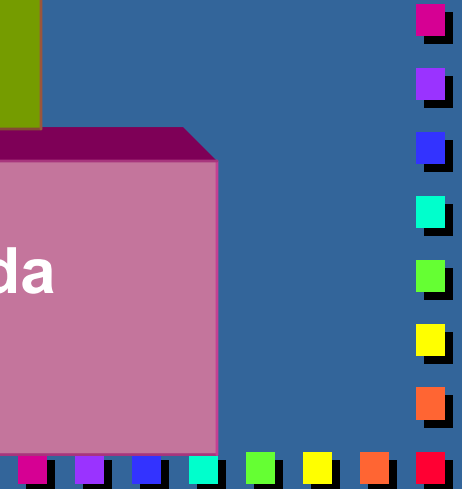
# Build Rapport Quickly

- “Let’s put our heads together...”
- “Let’s review the options and figure out what’s best for you.”
- “It’ll take both of us to figure this one out.”
- “You’re in the driver’s seat...”





# Effective Health Behavior Change





# Importance/Confidence

1. How **important** is it for you right now to change?

On a scale of 0 to 10, what number would you give yourself?

0 ..... 10  
not at all ..... extremely  
important ..... important

A. Why are you at **x** and not at **0**?

B. What would need to happen for you to raise your score a couple of points?





0 ..... 10

not at all confident                      extremely confident

B. What would need to happen for you to raise your score a couple of points?

## C. How can I help you get there?





# Elicit Change Talk While Assessing Readiness





# Question Downward First

- Make a deposit in the rapport bank
- Client actively expresses concerns



*“Colombo”*

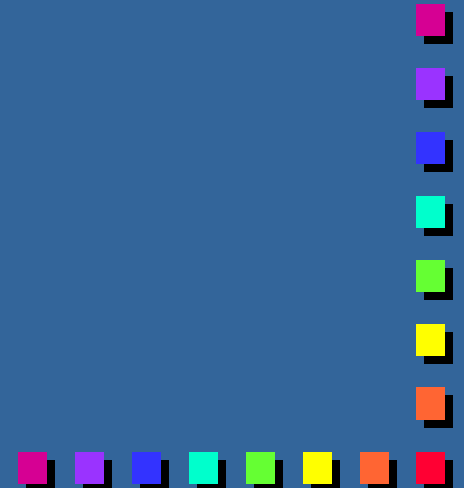






# Question Upward Next

- Identify Core Values
- Gentle Self-Confrontation





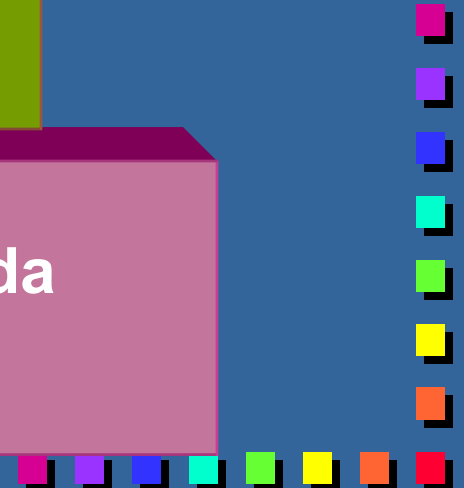
# Where To Go?

- Raise Importance First
- Build Confidence Next
- But.....
  - Hopelessness may deflate importance



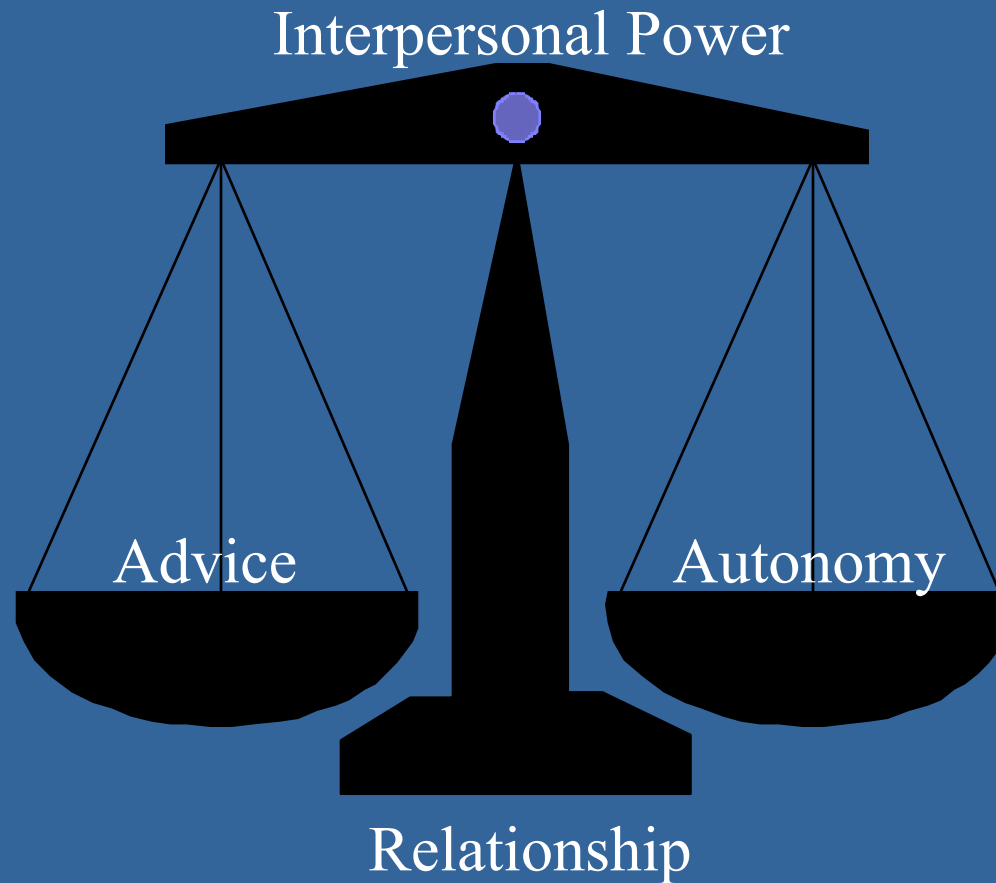


# Effective Health Behavior Change





# Challenges of Giving Advice





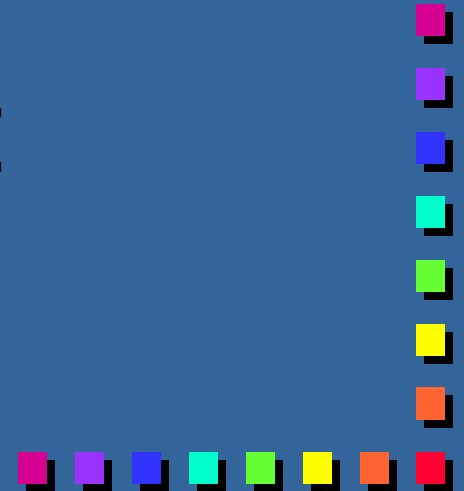
# Accomplish Two Tasks

- Provide Expert Advice
- Maintain Rapport





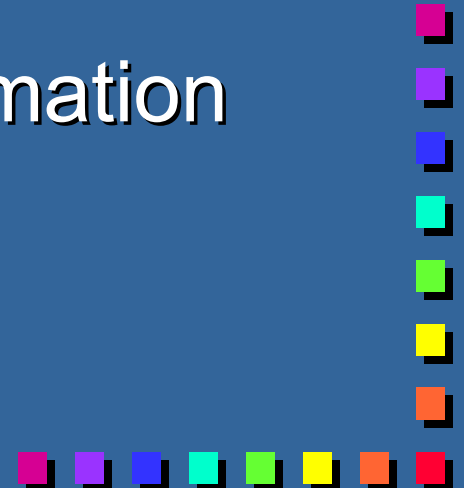
# Ask Permission First





# Provider-Centered Advice: *Tell – Ask - Tell*

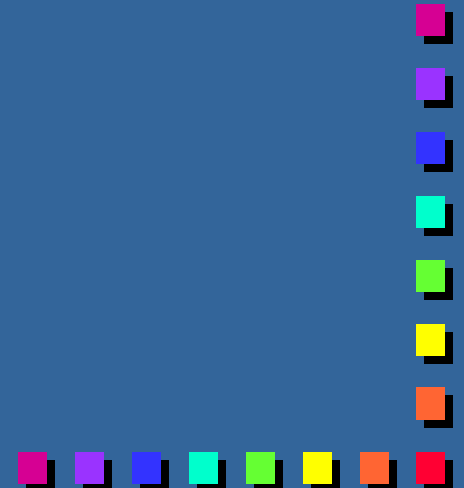
- Practitioners provide advice before checking in with the patient
- Creates an *Expert Trap*
- Often results in irrelevant information





# Client-Centered Advice: *Elicit - Provide – Elicit*

- 1) ***ELICIT*** patient's ideas, needs
- 2) ***PROVIDE*** advice, information
- 3) ***ELICIT*** patient's reactions







# Elicit then Educate





# Words of Advice

- Neutral language
  - “Folks have found...”
  - “Others have benefited from...”
  - “Doctors recommend...”
- Conditional words
  - “Might consider” vs. “ought to,” “should”
- Avoid the “I” and “Y” words
  - “I think...”
  - “You should...”





# Doses of Advice

## ■ Smaller doses of information

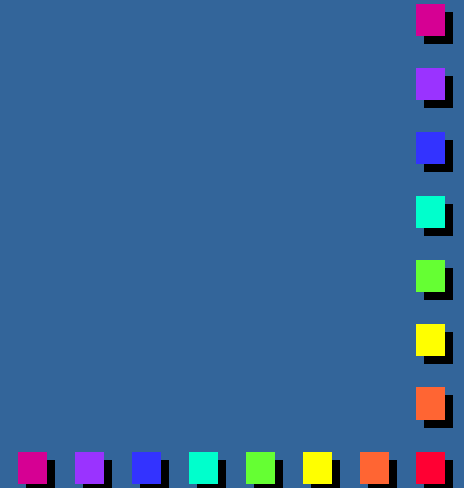
- Watch the pace
- Don't lose the patient
- Find opportunities for small summaries

## ■ Check In

- “How are we doing?”
- “What do you think so far?”
- “What interests you?”

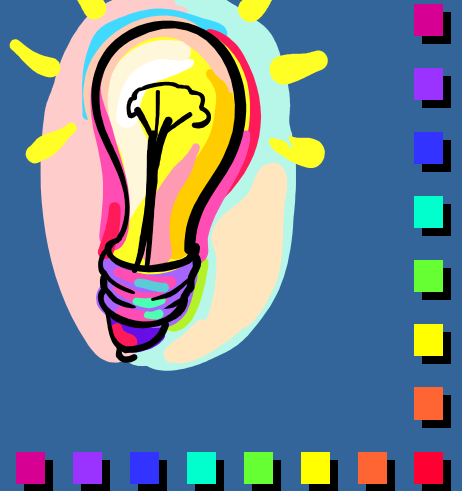
## ■ Affirm

- “Thanks for hanging in there with me.”





# Find opportunities for *Reflection Breaks*





# Prescribing Change



## Small Positive Steps





# Provide Menu of Options

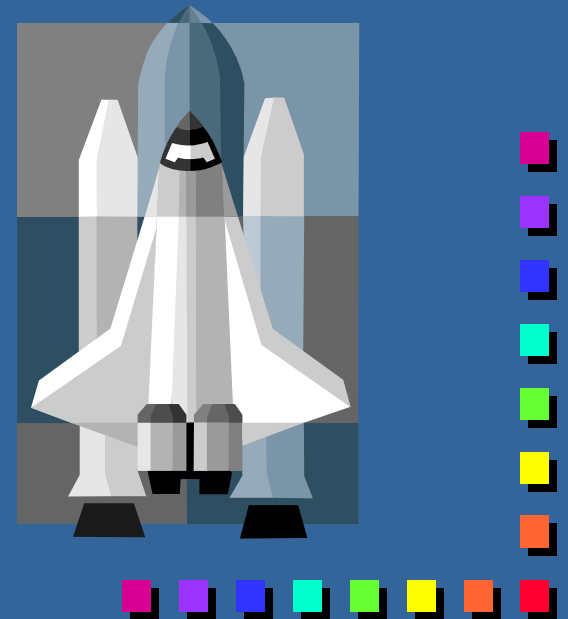
***"There's definitely not just one right way"***





# Basic Principles of MI

Back to the Beginning.....





# Basic Principles of MI

- 1) **E**xpress empathy
- 2) **R**oll with resistance
- 3) **D**evelop discrepancy
- 4) **S**upport self-efficacy







# MI: Express Empathy

- Acceptance facilitates change
- Ambivalence is normal
- Reflective listening is fundamental





# MI: Roll with Resistance

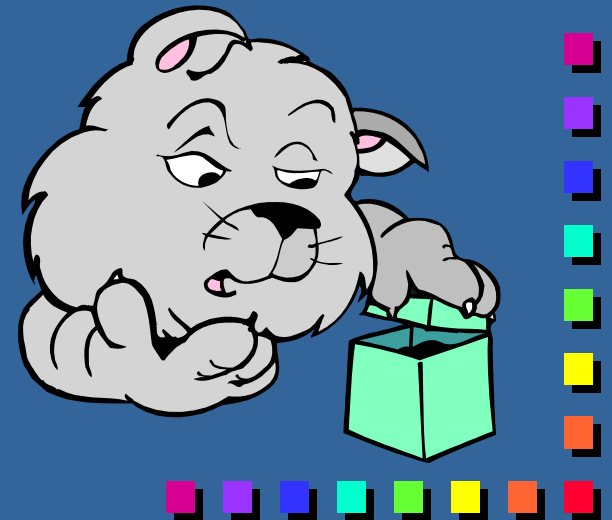
- Avoid argumentation
- Avoid unsolicited advice
- Ask permission first





# MI: Develop Discrepancy

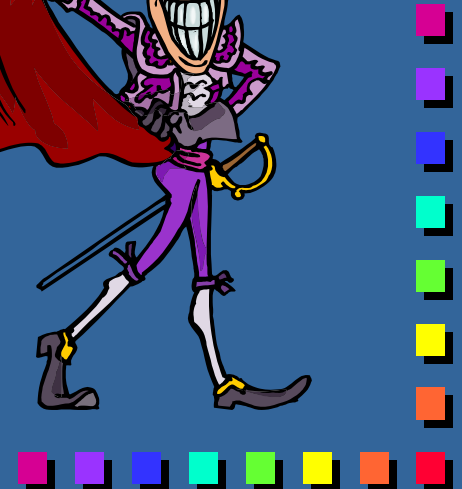
- Discrepancy motivates change
- “Core value” discrepancies are most powerful





# MI: Support Self-Efficacy

- Offer a menu of options
- Patient-centered goal setting
- Empower





# MI: Selected Citations

## BOOKS

- Miller, W., and Rollnick, S. (1991). "Motivational interviewing: Preparing people to change addictive behavior." Guilford Press, New York.
- Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York: Guilford Press.
- Rollnick S, Mason P, Butler C. Health Behavior Change: A guide for practitioners. London: Churchill Livingstone (Harcourt Brace Inc), 1999.

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- Emmons K, Rollnick S. Motivational Interviewing in Health Care Settings: Opportunities and Limitations. *American Journal of Preventive Medicine* 2001;20:68-74.

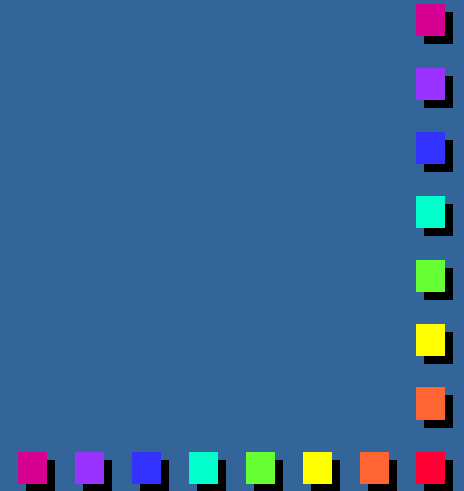
## EMPIRICAL PAPERS

- Resnicow K, Jackson A, Wang T, Dudley W, Baranowski T. A Motivational Interviewing Intervention to Increase Fruit and Vegetable Intake through Black Churches: Results of the Eat for Life. *American Journal of Public Health* 2001; 91:1686-1693.
- Smith D, Heckemeyer C, Kratt P, Mason D. Motivational Interviewing to Improve Adherence to a Behavioral Weight-Control Program for Older Obese Women with NIDDM. *Diabetes Care* 1997; 20:52--54.
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- Woollard J, Beilin L, Lord T, Puddey I, MacAdam D, Rouse I. A controlled trial of nurse counselling on lifestyle change for hypertensives treated in general practice: preliminary results. *Clinical & Experimental Pharmacology & Physiology* 1995;22:466-8.
- Harland J, White M, Drinkwater C, Chinn D, Farr L, Howel D. The Newcastle exercise project: a randomised controlled trial of methods to promote physical activity in primary care. *BMJ* 1999;319:828-32.





# THE END





# About the Presenter

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